

WINTER 2004

Alcohol, Tobacco and Other Drugs

Prevention File



- **Tobacco Control Is Tightening Up—
Everywhere**
- **Not So Soft on Alcohol
in the Netherlands**
- **A Tale of Two Countries:
Ireland and the United States
Tackle Underage Drinking Problems**

Under the Influence . . . of Money

A strong majority (69 percent) of New Mexicans support an increase in the excise tax as part of an effort to reduce DWI and underage drinking in the state, but legislators have yet to respond to the public call for an increase to the alcohol excise tax. Records show that the alcohol industry, including distillers, brewers, restaurant associations and retail associations, contributed \$237,471 to state campaigns in 2002.

House leadership received \$21,250 over the past three election cycles, while Senate leadership received \$9,600 during the same time period.

Only 31 out of 112 members of the Senate and House have not received contributions from some aspect of the alcohol industry. Joe G. Maloof and Company is the largest contributor, with a total of \$56,250 in donations from 1998-2002. This is according to a new report released by Common Cause Education Fund, *Under the Influence: Campaign Contributions, the Excise Tax, and the Alcohol Industry in New Mexico* (see www.commoncause.nm).

New Mexico has the nation's fifth highest rate of alcohol-related traffic fatalities. In 2001, the financial impact of alcohol-related traffic incidents was estimated at \$960 million. In spite of each of the problems being publicly addressed in the past decade, New Mexico remains mired in the adverse effects of alcohol.

Health Warnings in Ireland

Health warnings on alcoholic drinks could be introduced this year in the Republic of Ireland, in what would be the latest in a series of governmental measures seeking to change the country's drinking culture (see page 16).

There has already been a blanket ban on happy hours, an earlier pub closing time on Thursdays and

new powers for gardai (police) to conduct random breath tests on drivers.

Ministers are also reviewing alcohol advertising campaigns and promotions that target young people. A Department of Health spokesperson said, "Marketing campaigns such as Guinness sponsoring the Witness music festival and promotional offers in colleges and universities are being looked at carefully."

Doggy Bags for Wine—in France!

Bistros and restaurants are handing out all-purpose corks and glossy white shopping bags with wine-colored handles to patrons along with promotional



fliers that encourage them to "prolong your pleasure at home" as part of a campaign to reduce alcohol-impaired driving. The Wine Council of Bordeaux has distributed the materials to 500 restaurants across France.

According to a *New York Times* News Service account, Daniel Karrenbauer, the owner of Chez Paul in Paris, who makes use of the wine "doggy bags," also plans to get the campaign message on his menus. "We have to keep our old habits, to preserve who we are," he said. "But when customers hesitate before ordering a great bottle of wine or that second bottle, we argue that there is an option—to take it home."

New Smoking Report Marks 40th Anniversary

Forty years ago U.S. Surgeon General Luther Terry issued the first *Surgeon General's Report on Smoking*, which for the first time linked smoking with lung cancer. This year U.S. Health and Human Services Secretary Tommy G. Thompson and Surgeon General Richard H. Carmona will issue a comprehensive new report on tobacco and health.

Called *The Health Consequences of Smoking* the 28th surgeon general's report will examine the effects of tobacco on every system of the human body. In addition, the Office of the Surgeon General is creating a new database of medical research, treatment and prevention information, to make the most recent findings continually available to professionals and the public.

For more information on the report and database, visit www.surgeongeneral.gov/.

Flunking Out When It Comes to Tobacco Control

Each year the American Lung Association issues a State of Tobacco report card. The 2003 report card found that

- 38 states and the District of Columbia received an "F" in funding tobacco prevention and control programs,
- 35 states and the District of Columbia received an "F" in smoke-free air laws,
- 13 states received an "F" in tobacco taxes, and
- 23 states received an "F" in laws limiting youth access to tobacco.

According to the American Lung Association report, these grades help illustrate why smoking costs the United States approximately \$75 billion in direct medical costs and \$82 billion in lost productivity each year. But the news is not all bad. Fifteen states throughout the country received an "A" for their laws in at least one of the four categories analyzed. Five states—California, Connecticut, Delaware, Maine and Rhode Island—achieved "A" grades in two areas. Only New York received an "A" grade in three areas. For more information, visit www.lungusa.org.

Continued on inside back cover

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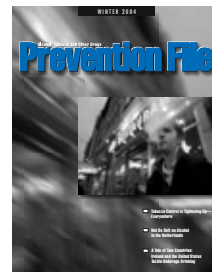
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Tobacco Control Is Tightening Up — Everywhere

SMOKERS ARE FINDING IT TOUGHER TO LIGHT UP IN PUBLIC PLACES. And it's a trend that is gaining momentum worldwide.

The driving force behind the increasingly tight restrictions on where people can smoke is health concerns for smokers and nonsmokers alike.

Norway is one of the first countries in the world to adopt a national ban on smoking in restaurants, bars and cafés. The aim of the Norwegian ban is not only to protect staff that work in these establishments from the harmful effects of passive smoking but also to de-normalize smoking as a social pastime. The ban will go into effect next summer, which is some consolation for smokers who will have to take their habit outside and puff away in temperatures of minus 20 degrees during the frigid Scandinavian winters.

But even the great outdoors is off limits in some places, including beaches in Belmar, NJ, and Solana Beach, CA. Belmar's ordinance went into effect April 21, 2001, and created no-smoking zones on Belmar beaches.

Smoking in the United States is controlled by a patchwork quilt of federal, state and local smoking regulations.

Solana Beach's ordinance, which was passed in October 2003, is more sweeping. Smoking is prohibited on the 1.7 miles of the city's coastline as well as the city's sole park, La Colonia.

Other Southern California beaches are the targets of an anti-smoking campaign being mounted by the Costa Mesa-based Earth Resource Foundation. San Clemente might become the next beach to ban smoking. Its city council is considering an ordinance that would impose a \$50 fine for

people lighting up along the roughly two miles north and south of the pier. According to the *Los Angeles Times* (Jan. 13, 2004), the foundation hopes that by 2005 smoking bans will

be enacted in Dan Point, Huntington Beach, Laguna Beach, Newport Beach and Seal Beach. In addition to concerns about the health consequences, the foundation is concerned about the environmental impact of cigarette-butt litter on beaches. To illustrate its point, on November 25, 2003, students presented the Newport Beach City Council with about 10,000 butts collected in a one-day beach cleanup organized by the foundation.

Smoking in the United States is controlled by a patchwork quilt of federal, state and local smoking regulations, with new controls going into effect routinely, but not without debate and often rancor over concerns about limits on personal freedom and loss of business revenues. While smoking bans on airplanes, offices, theaters and public transportation are an accepted part of contemporary life, heated battles routinely take place whenever bans on smoking in bars and restaurants are proposed, despite the success in California, where such a ban went into effect in 1995. According to newly released figures from state health officials, the amount of sales tax from restaurants and bars in the state increased from \$25 million in 1995, the year restaurants went smoke-free, to \$35 million in 2000.

New York City's 2003 ban on smoking in

bars and restaurants has been one of the most contentious in recent years, with a slew of articles, pro and con letters to the editor and op-ed pieces continuing to grace the pages of the city's newspapers and magazines. For example, Graydon Carter, the editor of *Vanity Fair*, has devoted no fewer than three editor's letters to criticizing Mayor Michael Bloomberg, who supported the ban primarily to protect workers from secondhand smoke. Carter has called the enforcement of the new law harassment, among other things.

"It is an important issue," said Carter. "It

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is about freedom and your own civil liberties, and it is about the city. This is not Denver, it is not Seattle, it is a big rough turbine that is fueled by cigarette smoke and food and liquor." He also said the mayor is "like a husband who returns home after the honeymoon and announces to his new bride that he has decided that henceforth they will be vegans."

**Backsliding dangerous to
our hearts**

But in an op-ed piece in the

New York Times (Oct. 15, 2003)

Rosemary Ellis, editorial director of *Prevention* magazine, said, "If New York—as well as other cities and municipalities—is ever tempted to rescind its smoking ban, it should look at the goings-on in Helena, MT. The citizens of Helena

HEALTH BENEFITS OF SMOKE-FREE INDOOR AIR LAWS

On Tuesday, April 1, 2003, in Chicago at the American College of Cardiology Annual Scientific Sessions, Richard P. Sargent, MD, presented the findings from an important new clinical study from Helena, MT, that provides empirical evidence that comprehensive smoke-free indoor air laws can significantly reduce the risk of heart attack. Here are some of the findings:

- While it has been recognized that secondhand smoke significantly increases the risk of heart disease and heart attack, this new study shows that a comprehensive smoke-free indoor air law immediately reduces heart attacks.
- The study, conducted in the six months that Helena enforced a comprehensive smoke-free air law for enclosed public places and workplaces, shows that heart attacks dropped by 60 percent in the Helena area when adjusted for seasonal fluctuation, while other areas adjacent to Helena but without smoke-free air laws showed no change.
- Anyone who is interested in public health—indeed anyone who is interested in their own health—should take these findings seriously and take action. With evidence like this mounting, smoke-free air in enclosed workplaces and public places is a matter of commonsense public health. It is simply the right thing to do.
- This study validates the importance of local public policy action. From once-secret internal documents, we know that the tobacco industry and its allies try to enact state legislation to strip away the authority of local policymakers and boards of health to address this health hazard.
- Over 1,600 U.S. communities have enacted local smoke free air ordinances with dozens providing for smoke-free air in all enclosed workplaces, including restaurants and bars, according to the American Nonsmokers' Rights Foundation Local Ordinance Database (chart available at: www.no-smoke.org/ordgraph.pdf).

The study authors are Richard P. Sargent, MD, and Robert M. Shepard, MD, of St. Peter's Community Hospital, Helena, and Stanton A. Glantz, PhD, of the University of California—San Francisco.

Despite the dire economic predictions that preceded it, the smoking ban in New York City does not appear to have drastically depressed business.

...voted in June 2002 to ban smoking in all public buildings—including restaurants, bars and casinos.

Soon after, doctors at the local hospital noticed that heart-attack admissions were dropping."

That hospital and the University of California decide to conduct a study on the potential short-term effects on smoking bans. But under pressure from the Montana Tavern Association and tobacco lobbyists, the Montana State Legislature rescinded the ban in December 2002. The heart attack rates bounced back up almost as quickly as they dropped (see sidebar).

"The bottom line of Helena's plummeting, then soaring, heart attack rate is painfully obvious: secondhand smoke kills. Only 30 minutes of exposure to it causes platelets in the bloodstream to become stickier. When that happens, blood clots form more easily, which can block

arteries and cause heart attacks," said Ellis.

Ellis also pointed out that "despite the dire economic predictions that preceded it, the smoking ban in New York City does not appear to have drastically depressed business. From March to June, the city created 10,000 new restaurant and bar jobs, according to the Department of Labor. The

state Department of Taxation and Finance's

most recent report of alcohol and beer tax collections (which measures both on-premises consumption and retail sales) shows that revenues rose to \$15.2 million this past August, from \$14.4 million in August 2002."

Dublin: a breath of fresh air

Making the most of the Republic of Ireland's new countrywide ban on smoking in pubs and restaurants, tourism leaders are mounting campaigns to attract visitors looking for smoke-free drinking and dining environments. For example, Dublin Tourism is using the slogan "Dublin: a breath of fresh air" as a marketing tool, according to the *Guardian* (Jan. 12, 2004).

Dublin Tourism's Frank Magee said: "The government has made its decision so we might as well get on with it. We are better off telling people about it before they come here than having them shocked when they find out. Apart from anything else I'm sure many tourists will



come to Ireland because of the ban—people will welcome the opportunity to visit a smoke-free city.”

Tourism Ireland’s chief executive Paul O’Toole said, “The smoking ban will certainly become part and parcel of our strategy when it comes to marketing the different attributes and faces of Ireland.”

But not everyone sees opportunity in the new ban. In October 2003, rebellious pub owners and the health minister clashed over the government’s determination to introduce a New York–style smoking ban in workplaces across Ireland.

According to an Associated Press dispatch,

200 pub owners in the southwest county of Kerry voted to reject Health Minister Micheal Martin’s order that all workplaces must become smoke-free.

• Martin said he believed the move would
• “bring significant public health benefits to
• present and future generations.”

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While health groups, medical organizations and trade unions have welcomed the ban, it is strongly opposed by publicans and representatives of the hospitality industry who claim it will be unenforceable and could lead to major job losses.

Tourism Ireland’s marketing decision comes as the momentum is growing to make the United Kingdom a no-smoking zone. The Scottish executive is due to publish an action plan to try and reduce the country’s tobacco-related death rate,

• which is one of the highest in Europe. The pro-
• posed strategy is expected to promote at least a
• partial ban on smoking in public places.

• The moves in Ireland and Scotland put
• increased pressure on England and Wales

ZAGAT SURVEY FINDS SMOKEFREE AIR POPULAR WITH DINERS

Zagat surveys provide restaurant guides for 45 regions worldwide, as well as guides to airlines, hotels, resorts, spas, nightlife, and food and entertaining resources. A new Zagat survey of 29,361 diners in New York says that 96 percent are eating out the same amount or more often as a result of the city's smoker restaurant law. Specifically, 23 percent said they were eating out more often because of the law, and 73 percent said they were eating out the same amount. Only 4 percent said they were eating out less often. The situation in New York is similar to the situation elsewhere, according to Joe Cherner, founder of BREATHE—Bar and Restaurant Employees Advocating Together for a Healthy Environment. "Every peer-reviewed study using sales tax data shows that clean air is good for health and good for business," said Cherner.

to introduce similar no-smoking plans. The British government has said it does not plan to introduce a public smoking ban; but in a 2003 report the chief medical officer, Sir Liam Donaldson, said he would like to see smoking banned in public spaces to protect nonsmokers. In November last year the leaders of the UK's 13 royal colleges of medicine formed an alliance to call for a smoking ban.

Put out that Gauloise!

Even France is stepping up its antismoking efforts. President Jacques Chirac declared "war on tobacco" in October 2003, launching a nationwide campaign to battle cancer—the biggest cause of death before the age of 65 in France.

In addition to other measures, Chirac said he wants to see a 1992 smoke-free workplace law strictly enforced. The law forbids smoking in all enclosed, covered and collective public spaces, though smoking areas can be designated.

Under a new law, those under 16 years of age can no longer buy tobacco products. Since November, half-sized packs popular with teenagers are no longer sold. Authorities will also be

enforcing a ban on smoking in public places such as hospitals, schools, airports and train stations.

The move represents a radical change of policy for France, where over a third of the population smokes, including 50 percent of those aged 15 to 24—the highest rate in the European Union.

But not all restrictions on where people can smoke are based on health concerns. In Germany, for example, government restrictions confining smokers in 64 of its busiest train stations to small areas at the far end of the platforms were adopted because of the \$50 million the government was spending each year picking butts off the tracks. Likewise, according to an account in *Time* (Oct. 27, 2003), a cabaret theater in Bonn, Germany, started offering smoke-free entertainment largely because patrons complained that coats hung in the foyer reeked of tobacco by the end of a show.



ALCOHOL:

By Thomas Babor, Raul Caetano, Sally Casswell, Griffith Edwards, Norman Giesbrecht, Kathryn Graham, Joel Grube, Paul Gruenewald, Linda Hill, Harold Holder, Ross Homel, Esa Österberg, Jürgen Rehm, Robin Room, Ingeborg Rossow
Oxford University Press 2003

ALCOHOL: NO ORDINARY

COMMODITY is the fourth

in a series of World Health

Organization-sponsored publications exploring the impact of population-level policies on alcohol-related policies. According to the book's foreword, the WHO Regional Office for Europe has taken a special interest in alcohol because the "European nations produce and consume a disproportionate share of the world's alcohol, and they experience a disproportionate share of the illness, death and disability that alcohol is responsible for."

Alcohol Control Policies in a Public Health Perspective, published in 1975, was a landmark contribution to the search for scientifically based approaches to the prevention of alcohol-related problems. It was updated in *Alcohol Policy and the Public Good* (1994), which was a collaborative effort that began in 1992 between the WHO Regional Office for Europe and an international group of alcohol experts. The 2002 publication *Alcohol in Developing Societies: A Public Health Approach* (see *Prevention File*, Vol. 18, No.1, Winter 2003) determined that alcohol problems are more likely to increase more in developing countries where there are no effective policies in place.

For newcomers to the alcohol policy field, *Alcohol: No Ordinary Commodity* provides a brief history of control policies going back to the emerging urban areas of ancient Greece, Mesopotamia, Egypt and Rome. For example,

NO ORDINARY COMMODITY

Research and Public Policy

in a move reminiscent of current alcohol-free First Night festivals ringing in the New Year in Boston and other U.S. cities, in the sixth century B.C. Greek statesmen organized supervised festivities as “alternatives to the Dionysian revelleries that promoted drunkenness.”

However, the authors point out that it wasn’t until the rise of modern medicine and the emergence of the world Temperance Movement in the 19th century that alcohol policy was first seen as “an instrument of public health.”

The book includes sections on

- Setting the policy agenda
- Epidemiology: establishing the need for alcohol policy
- The toolkit: strategies and intervention
- The process: formation of effective alcohol policy
- Alcohol policies: a consumer’s guide.

Alcohol: No Ordinary Commodity reviews current research on drinking patterns and related problems throughout the world. The authors dispassionately review the role that alcohol plays in both industrialized and developing countries in a range of health, social and economic problems and concerns. For example, in the area of alcohol and social problems, the researchers conclude: “Clearly, alcohol is related to many social outcomes. This is evidenced by the correlation between alcohol variables (especially alcohol abuse and dependence) and different social outcomes. However, causal relationships are not established for

many of these outcomes . . . The situation is complicated by the fact that alcohol seems to be part of a complex causal web, where its effects depend on or are modified by a multitude of other factors on different levels.”

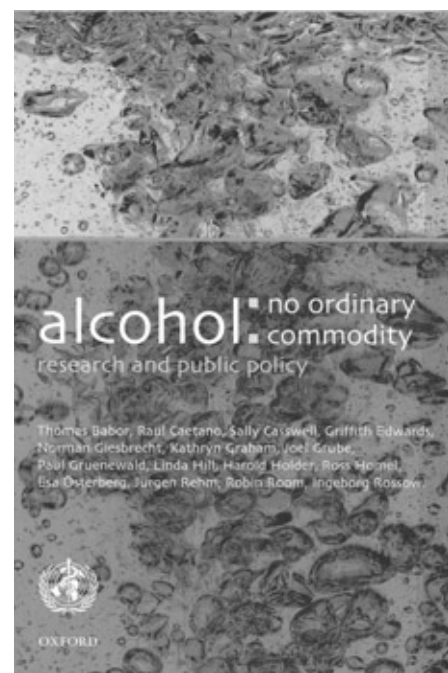
The authors also review the research evidence of effective strategies to reduce problems that can be translated into policies. For example, the chapter on pricing and taxation concludes that the “evidence suggests that alcohol prices do have an effect on the level of alcohol consumption and related problems. Consumers of alcoholic beverages respond to changes in alcohol prices, and heavy or problem drinkers appear to be no exception to this rule.” Other strategies reviewed include regulating the physical availability of alcohol, modifying the drinking context, establishing drinking-driving countermeasures, regulating alcohol promotion, adopting educational and persuasional strategies and offering treatment and early intervention services.

The authors of *Alcohol: No Ordinary Commodity* make the case that unlike milk or bread, alcohol is indeed no ordinary commodity in the marketplace and that reducing the adverse consequences related to its use will require extraordinary measures. They say: “Whether it is holiday revelry in Tokyo, Japan, payday parties in Tennant Creek, Australia, or Perestroika binges in Pitkyäranta, Russia, alcohol is a product that enters into many aspects of social life in practically every part of the world. But as the pages of this book will show, alcohol is no ordinary commod-

ity. For this reason, the public health response to alcohol problems requires extraordinary measures, some of them relatively painless for society to implement, others more demanding in terms of resources, ingenuity and public support.

Those interested in reducing alcohol-related problems in their neighborhoods, town, cities, states and nations will find that *Alcohol: No Ordinary Commodity* contains virtually all the information they need to support policy measures as well as strategies for developing and implementing those measures, whether they be community members, public health professional or policy-makers. □

For ordering information, visit the Oxford University Press Website at www.oup.co.uk/isbn/0-19-263261-2.



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NOT SO SOFT ON ALCOHOL IN THE NETHERLANDS

THE NETHERLANDS HAS A REPUTATION FOR BEING “SOFT” ON DRUGS. As many travelers know, the use and even sale of small amounts of marijuana is tolerated in that country. What is lesser known is that the Netherlands is anything but soft on a more popular drug: alcohol.

Alcohol policies adopted in recent years in the Netherlands are attracting attention throughout Europe. The prevention strategies may seem less than radical to Americans, but they break new ground in European approaches to alcohol problems. The Dutch have raised alcohol taxes, led a crackdown on alcohol advertising appealing to youth, trained new investigators to check on compliance with sales-to-minors laws, and limited outlets where alcohol is available.

“We had a minister of health who made an analysis of the problem and saw that there were only a few people dying from cannabis [marijuana] use but a lot of people were dying from alcohol use,” says Sandra van Ginneken, alcohol coordinator in the Dutch Ministry of Health, Welfare and Sport. “She wanted a policy targeting high-risk products like tobacco and alcohol. That’s when we began laying down new alcohol policies.”

Efforts to curb cigarette smoking in the interests of public health are emerging throughout Europe, but most countries remain relatively relaxed in their laws governing sale and consumption of alcohol. Although penalties are usually stiff for driving under the influence, alcohol remains inexpensive and readily available. Even under the new Netherlands policies, for example, a 16-year-old can buy beer and wine and an 18-year-old can buy distilled spirits. “I’m hoping we can raise the age for beer and wine to 18,” says van Ginneken in an interview with *Prevention File*.

The Alcohol Licensing and Catering Act that took effect at the end of 2000 requires that an alcohol server see a proof of age, such as a driver’s license or passport, for any youthful customer unless the server is absolutely sure the person meets the legal standard. A new enforcement agency has assigned 70 inspectors to make unannounced visits to bars and restaurants to monitor their compliance. The licensees can be fined or lose their license for infractions. “The bar owners don’t like it at all,” says van Ginneken.

The new law provides that alcohol can be sold only at places that also sell food. Sale of alcohol is banned at gas stations and in shops

The Alcohol Licensing and Catering Act that took effect at the end of 2000 requires that an alcohol server see a proof of age, such as a driver's license or passport, for any youthful customer unless the server is absolutely sure the person meets the legal standard.

that cater to motorists along highways. The serving of alcohol at special events is covered by new rules, among them a requirement that volunteer servers be trained in responsible beverage service practices.

Van Ginneken says virtually all of the new Netherlands policies are being resisted by the alcohol industry, including Heineken, the Dutch company that is one of the biggest beer producers in the world. "The drinks industry supports us very little. All they really want is education programs about so-called responsible drinking. They want self-regulation for sellers. They don't want legislation and they certainly don't want higher taxes."

A recent 20 percent rise in alcohol taxes has put the Netherlands out of step with many of its neighbors. With its new rates the Netherlands joins Sweden, Finland, Ireland and the United Kingdom as one of the countries with the highest alcohol taxes among 15 in the European Union. Van Ginneken is arguing for a further change in the Netherlands that would tax alcohol the same, whether it is in beer or wine or in spirits. "Our taxes on spirits are triple what they are for wine and beer," she says. "Alcohol is alcohol, in my opinion. As it is, you can buy beer for the same price you buy milk."





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That's strange, isn't it?"

In a separate move, the Dutch health ministry has negotiated with alcoholic beverage companies to establish a new voluntary code aimed at reducing the appeal of drinking to young people. Under the code, advertising of alcoholic beverages or sponsorship by alcohol companies is forbidden on media programs and at public events where more than a quarter of the viewers, readers, listeners or visitors are aged under 18. Ads may not feature pictures of people under the age of 25. Billboards advertising alcohol cannot be visible from schools. Ads cannot be designed to increase alcohol consumption or be critical of moderate drinking. They cannot suggest that drinking is healthy. Alcohol content must be clearly labeled on containers that might otherwise be mistaken for soft drinks.

Van Ginneken points out that this effort to control the content of advertising runs afoul of conflicting interpretations of what words and images mean in the eyes of people who see the ads. "I think it would be much more effective to

simply ban all alcohol advertising on television before a certain hour, such as 9:00 in the evening," she says. She believes alcohol advertising issues will finally be settled in Europe-wide agreements like those emerging for dealing with tobacco advertising. Media advertising, she points out, tends to leap international borders.

The Netherlands is accompanying its prevention measures with a media campaign that emphasizes the risks associated with drinking

and tries to decrease both the frequency of alcohol consumption and the amount of alcohol consumed per occasion. The idea of appointing a designated driver for partying is also promoted.

As with many European countries, the Netherlands law recognizes a blood alcohol concentration (BAC) of .05 as the legal limit for driving (compared to .08 in most of the United States). A proposal is still pending that would set a lower BAC limit of .02 for younger drivers.

Van Ginneken believes enforcement of laws that say clearly what is permitted and what isn't will be a key to reducing the toll of at-risk drinking. She points out that the Netherlands law once declared only that "driving under the influence" was illegal, without setting a BAC limit, and enforcement was

spotty. "In 1984 we changed the law to provide for the .05 BAC limit and began an enforcement program. Before 1984, we had about 500 people killed every year in alcohol-related crashes. It's now down to about 200 a year and there are a lot more cars and drivers on the roads."

Still, Heineken and others in the alcohol industry are critical of the alcohol policies inaugurated in 2000, claiming that the standards are too demanding and arguing for con-

tinued voluntary compliance rather than the

new emphasis on enforcement.

The Scandinavians are rather tough and need to liberalize a bit.

The southern countries need to get a bit tougher. It may take quite a few years, but eventually we'll have a European alcohol policy.

"They say we're just old-fashioned people who believe in a Scandinavian model they call prohibition," van Ginneken says. In the future, she believes, Europeans will agree on alcohol policies that are uniform across the continent. "The Scandinavians are rather tough and need to liberalize a bit. The southern countries need to get a bit tougher. It may take quite a few years, but eventually we'll have a European alcohol policy." □

Lifetime Achievement Award to Stanton Glantz



Each year the Alcohol, Tobacco and Other Drug section of the American Public Health Association bestows an achievement award recognizing those who have provided significant contributions to the section. Stanton Glantz, PhD, received the 2003 Lifetime Achievement Award. Glantz is a professor of medicine and director of the Center for Tobacco Control Research and Education at the University of California—San Francisco. He has been a longtime advocate for tobacco-control measures. The following is an excerpt from his acceptance talk at the section business meeting at the 131st annual meeting of APHA in November 2003.

IN 1978 I WANDERED INTO A CAMPAIGN IN CALIFORNIA to create smoking and no-smoking sections in workplaces, public places and restaurants, which at the time was a radical innovation. Called the California Clean Indoor Air Act of 1978, it was the first attempt in the nation to pass a statewide clean indoor air law through the initiative process.

Back then you could smoke everywhere. Cigarettes were sold at the University of California—San Francisco Medical Center and put out at the American Heart Association's board meetings. The executive director of the American Lung Association of California was a chain smoker. But there were a few radicals in the American Cancer Society's California division who thought maybe there should be some restrictions on smoking, so they helped set up an independent group to run the campaign for nonsmoking sections. At that time the Cancer Society thought that nonsmoking sections was too radical an idea to promote directly.

Pete Hanauer and Paul Loveday, both lawyers, organized the initiative campaign for nonsmoking sections. They had collected the existing literature on passive smoking—135 papers—and it made as much sense to them

as the complicated leaseback arrangement for railroad boxcars that Paul writes would have made to me, so they asked me to help them understand what it meant. Our approach to tobacco was a very radical change in the way people thought about tobacco. Smoking was viewed as a medical problem; smokers were

patients who were treated by getting them to stop smoking. The new idea that grew out of the nonsmokers' rights movement—which started in Arizona, Florida and Minnesota—was that smoking is a political and environmental problem. Cigarette smoke is air pollution. That very simple idea, which took many years to sell, has transformed the entire issue.

Today it's nonsmoking everywhere in California—and it's really a much better way to live. Back then, a lot of people said that smoking couldn't be reduced below a certain level because nicotine is so addictive. That level was 20 percent, but in California, the smoking rate

is now 16.5 percent. Through an aggressive program of mass media and community-based education and clean indoor air regulations, we cut tobacco use in half in California in about ten years. Far from there being some impenetrable floor on the fraction of the population that smokes, I believe that if we can push preva-

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lence below some threshold, the whole social support system for widespread tobacco use will just collapse. In particular, I believe that we are getting close to that threshold in California and that if we just got back to the same level of effectiveness we had in the beginning of the program we could basically eliminate tobacco use in California in just five years.

In the intervening 25 years a lot of people have realized that clean indoor air is a good thing and that community-based approaches and grassroots approaches work. In addition, we now know that, in fact, you can successfully compete with the tobacco industry if you're willing to be aggressive about it and put a modest amount of money into it. You don't need to match them dollar for dollar. It's much easier to sell the truth than to sell a lie, but you need about ten cents on the dollar to do that in a good campaign.

But there are a couple things that I'm very pleased about, particularly the resurgence of the Clean Indoor Air movement. It went into eclipse in the 1990s, but it's really come back with a tremendous amount of viability and in some interesting places. In Thailand all the indoor restaurants are smoke-free. The whole middle part of the country is really heated up on this. It's really taken off. There's an infrastructure to support it that we didn't have in the early days, which really helps. There's more money as well, but if you look at who's actually moving the issue, it's like the beginning—people sitting around in their dining rooms. Maybe they have some funding for a coalition, but it's

still basically a bunch of people who just care about this. It is so much fun to see these people beating back these huge, multinational corporations with all their lobbyists and all their money.

In addition to working in clean indoor air, I have been working for Smoke Free Movies, particularly getting smoking out of youth-rated films. (Check it out at www.SmokeFreeMovies.ucsf.edu.) I have spent a long time saying that people are too fixated on primary prevention in kids, but the one area that really matters is the movies. Movies are responsible for over half of the youth smoking initiation. It's a bigger effect than cigarette advertising and it's getting worse. We have engaged in ten years of quiet, behind-the-scenes meetings with Hollywood. I went to a lot of them. It's really seductive. You get to go to a studio, where they give you a badge, take you up to a very fancy room, and give you fancy little food, and then you meet with what I would call the Vice President for Blowing You Off.

Three years ago I decided take Hollywood on and put this issue out in the public to get it out of the back room. I want four things: an R rating for films with smoking, a certification at the end of the movies that nobody got paid off, no brand identification and an antismoking ad preceding any movie with smoking in it. These are very simple things, nothing that affects movie content.

We have the World Health Organization, the L.A. County Department of Health, the Legacy Foundation and the pediatricians now on board

with the campaign. We have filed shareholder resolutions against two of the four big media conglomerates with the Interfaith Center for Corporate Responsibility and the other two are going in soon. New York's Reality Check, the state's youth empowerment program, generated 202,000 letters to Hollywood leaders. The one response they got was from Julia Roberts threatening to sue them if they didn't stop writing letters.

When the history of this issue is written, that letter is going to be a turning point because up until then, I was trying to reason with them. After that letter, I realized that we're going to beat them just the same way we got the early clean indoor air laws—we are going to make them do it.

Crazy people, working out of their living rooms and their kitchens and often with only very little and late help and engagement from the big, rich organizations, did most of what's been accomplished. It really shows the power of plain old-fashioned grassroots democracy combined with the joy of beating the heck out of politicians. You don't want them to love you; you want them to fear you. That's something that people in public health don't understand.

Most of the people here—except the tobacco industry spy who is probably in the room—are really nice people. You're trying to make the world a better place. You like to think you can do that with logic and reason. That may work in some areas, but not against a rich and aggressive opponent like the tobacco industry.

The most important thing that people forget

when you talk about tobacco—and alcohol to a lesser extent—is you never win on this issue behind the scenes. I have never seen people working on tobacco win in a backroom negotiation. Some people have a great desire to play that way because it's so fun. You get to meet with these important people; they make you feel important; you get to go to fancy meetings. You might even get to go to the White House. But then they ignore you.

But to succeed, there has to be a political will among the people who care about tobacco control to make it so that politicians are afraid to touch these programs. Politicians need to get the message “don't even think about touching these programs—it's just not worth it.” They need to think, “These people are crazy, they're unreasonable, they don't care what we think and they're just going to make life miserable for us.” That's how we saved the California program in the 1990s when the California Medical Association and the tobacco companies and the

politicians were setting it up to kill it. I'm very worried about the California program under our new governor. Schwarzenegger's Secretary of Health is a former tobacco lobbyist, who was the director of health services before under Pete Wilson, the previous Republican governor who tried to kill the program. I think we're in for some very tough sledding.

The real power when it comes to this issue is with the same people who got it going 25 years ago. It's with the public. The one thing that we have now that we didn't have 25 years ago is a massive quantity of science, which has gone way beyond those 135 papers that I looked at back then. We also know that it is possible to rapidly reduce cigarette consumption with a reasonably funded and aggressively executed tobacco-control program. □

SAVE THE DATE

The U.S. Department of Education's 18th Annual National Meeting on Alcohol and Other Drug Abuse and Violence Prevention in Higher Education

Saturday–Tuesday, October 16–19, 2004

National Forum for Senior Administrators

Monday, October 18, 2004

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National Capital Area

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www.edc.org/hec/natl/2004

Q&A WITH MARK PERTSCHUK



Mark Pertschuk has been the executive director of the Marin Institute since early 2003. He is the former executive director of Americans for Nonsmokers' Rights and the American Nonsmokers' Rights Foundation in Berkeley, CA. He remains president of those organizations. At ANR, Pertschuk initiated and ran a grassroots campaign to ban smoking on commercial airline flights in the United States. He has also served as legislative director of the Coalition to Stop Gun Violence in Washington, DC.

The Marin Institute was established in 1987 as one of three special projects supported by the Leonard and Beryl Buck Foundation. It works to reduce alcohol problems through environmental prevention—improving the physical and social environment to promote health and safety.

How is the Marin Institute currently organized?

A: The Marin Institute focuses on preventing alcohol problems through environmental prevention, specifically working to improve the physical and social environment to reduce problems associated with alcohol. The main ways that we do this are by promoting effective alcohol policy, conducting media advocacy and supporting grassroots activists and others in the field of alcohol policy nationwide. This form of environmental prevention is similar to what happened with the antitobacco efforts over the past 20 years or so, although it was not necessarily known by that term at the time.

Why do you think it's important to have a specific focus on media issues?

A: We focus on mass media in two ways. One way is through more traditional public relations activities, essentially using the free media to promote our messages about the problems associated with alcohol and, more importantly, about solutions—positive changes in the physical environment and improvements in the social environment.

The other area is media advocacy. Media advocacy is the use of the media specifically to promote the things we think are necessary for solving problems and also to track and expose the alcohol industry when it does things that are dangerous to the public health. We are somewhat unique in that we have a person within the organization—the wonderful Laurie Leiber—whose work is devoted solely to media advocacy.

In terms of the alcohol beverage industry, what role do you think that the Marin Institute can play in leveling the playing field when it comes to media messages?

A: We can look to, for example, what happened to RJ Reynolds' campaign for Camel cigarettes during the 1980s and 90s. They used the cartoon character Joe Camel very aggressively to promote their cigarettes to an exceedingly young market. The antitobacco movement responded with a variety of grassroots media advocacy campaigns that exposed the campaign, showing how inappropriate it was. Ultimately those efforts were successful on a number of levels, like a lot of good media advocacy is. It helped to de-legitimize the tobacco industry, particularly RJ Reynolds. As a byproduct it created a lot of public awareness and educated opinion leaders about what's wrong with the tobacco industry's marketing and promotion activities. A great lesson can be learned from that model by those working to prevent alcohol problems. That type of countermarketing activity applied to alcohol can have a big impact on social norms, on how we think about alcohol and the alcohol industry.

What are the other activities of the Marin Institute?

A: We have five major program areas. The first is a resource center and library. Although we have a variety of information relating to alcohol problems and solutions, our focus is on alcohol policy and on the alcohol industry. The second is providing technical assistance and support to the alcohol policy field with an emphasis on supporting grassroots activists. I think that the engine that will drive alcohol policy in the future is a healthy grassroots movement. We want to provide resources and support for activists wherever they

may be. It could be a soccer mom in Wisconsin or a community advocate in Chicago, or a public official in a health department at the county level. They may be researchers who have an interest in alcohol policy and environmental change. What we hope to do in the next five years is to nurture an effective and healthy grassroots movement.

While technical assistance is a specific program area, it overlays a lot of our other activities. We want to help those around the country—especially those working at the community level—who are trying to do something progressive to counter alcohol problems. Although we are located in Marin County—and we do quite a bit of work there—we are also available statewide and even nationally. If there are folks doing important work in environmental prevention, such as changing policy and engaging in media advocacy, we want to help them. That help comes in the form of direct technical assistance on the phone and through the Internet, which for us is a growing resource.

The third program area is our Web site—www.MarinInstitute.org. We are putting a growing number of resources on our site. For example, soon we will post an “action pack” on alcohol-related problems at universities and colleges and surrounding communities. An

activist or another person in the field can access this information and get a set of tools for doing something about a particular problem in this area.

The fourth area for us is media advocacy. An example of that is the campaign that we put together in response to *Scary Movie 3*, a PG-13 film that was co-promoted with Coors beer and

featured the Coors Twins as spokesmodels. We organized a national media response and more importantly some grassroots efforts, mainly in California, to respond to a very inappropriate promotional activity on behalf of a beer company.

The fifth area that we are involved in is convening groups and others in the field. For example, in Marin County we facilitated a strategic planning process with those organizations interested in preventing alcohol and other drug problems. There also seems to be a strong need to bring together the broader

AOD field—all of us working in diverse ways on treatment and/or prevention—to explore our common vision around changing the physical and social environment for the better.

What do you think some of the biggest challenges will be over the next few years in advancing policy solutions to alcohol problems?

A: The biggest problem is the alcohol industry. That problem is greater the closer you get to

Washington, D.C. In other words, working at the national level presents some tremendous barriers, such as in the area of federal legislation, because of the campaign contributions and lobbying assets of the alcohol industry. Unfortunately the same is true for the most part in the state legislatures, although it varies, of course, from state to state. However, at the local level, the alcohol industry, such as the large beer companies, may be less influential. As was the case with the antitobacco campaign at the height of its success, we will focus much of our effort at the grassroots level.

What policy do you think would be the most amenable to these kinds of efforts in the future?

A: With grassroots efforts, there is rarely a “one-size-fits-all” solution. Having said that, one very important policy measure is the taxation or the assessment of fees on alcohol products. It’s something that can be done at various levels of government—federal, state and even locally in some cases. There is strong evidence that raising the price of alcohol can reduce certain alcohol-related problems. And there is a consensus among most people working in the field that raising those taxes is a good idea. The revenue can be beneficial, for example, if it is devoted to the prevention of underage drinking and to the treatment of alcohol-related problems. But, as with the case of tobacco, merely increasing the price of the product can have some wonderful benefits to the public health. ☐

**The Marin Institute
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prevention,
specifically working
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environment to
reduce problems
associated with
alcohol.**

A Tale of Two Countries: Ireland and tackle underage drinking problems



“IT WAS THE BEST OF TIMES,
IT WAS THE WORST OF TIMES
...” begins *A Tale of Two Cities*,

Charles Dickens’ epic novel about the French Revolution. Health advocates might reach a similar conclusion regarding alcohol problems among young people. Are we now at the forefront of a revolution to counter the adverse impact of youth alcohol consumption? Will the best of times prevail over the worst?

Recent developments in two nations illustrate both the problems posed by youth drinking and the solutions to those problem, with an emphasis on policy changes. The Republic of Ireland, through multiple channels, appears to be leading the way in Europe in challenging drinking problems among adolescents and young adults, while a new underage drinking report to the U.S. Congress from the National Research Council and Institute of Medicine, *Reducing Underage Drinking: A Collective Responsibility*, recommends strategies that underscore the collective nature of these problems.

“It turns out that the patterns and consequences of youthful drinking are closely related to the overall extent and patterns of drinking in society, and they are affected by the same factors that affect the patterns of adult consumption. From this standpoint, it is possible that the most effective way to reduce the extent and adverse consequences of youthful drinking would be to reduce the extent and consequences of adult drinking,” says Richard J. Bonnie, JD, chair of

the IOM Committee on Developing a Strategy to Reduce and Prevent Underage Drinking.

Ireland’s National Alcohol Strategy Task Force final report, 2003, says: “During the period 1989–2001, Ireland has had the highest increase in alcohol consumption among European Union countries. The repercussions of this increase in consumption can be seen in a number of areas. Alcohol-related injuries cost the health service millions every year and alcohol-related road accidents continue to claim lives. Public order offences (most involving alcohol) are on the rise and underage drinking is among the highest in Europe. In response, the government has developed a range of strategies to educate the public about the dangers of alcohol abuse and to reverse the trend towards excessive alcohol consumption in this country.”

Why is underage drinking a problem?

Initiatives in both the United States and Ireland are founded in unsettling statistics about youth drinking patterns and their impact on health and safety. Some of these characteristics are common to both countries, while others differ. For example, trends in underage drinking rates are quite different in the two countries. In the United States the prevalence of underage drinking declined between 1981 and 1992 and has since remained stable. Ireland, meanwhile, experienced an overall per capita alcohol consumption increase of 41 percent between 1989 and 1999, with increases across the age

the United States

It turns out that the patterns and consequences of youthful drinking are closely related to the overall extent and patterns of drinking in society, and they are affected by the same factors that affect the patterns of adult consumption.

WHO ARE YOU BUYING DRINK FOR?

Over half of 9-11 year old Irish children have tried alcohol
Young people in Ireland rate amongst the highest in Europe for alcohol abuse
70% of Irish teens have been drunk in the last 12 months



DON'T MAKE IT EASY. LET'S ALL PLAY OUR PART AND KEEP KIDS SAFE FROM DRINK

Health Promotion Unit

spectrum. Last year, the Irish government's survey of school-aged children found that one-third of the 15- to 16-year-old age group were reporting five or more drinks in a row three or more times in the last month.

Reducing Underage Drinking: A Collective Responsibility reports the adverse consequences of drinking by young people in the United States as follows:

- Drinking and driving. In 2000 licensed drivers aged 15 to 20 accounted for nearly twice the number of alcohol-related driving fatalities than their proportion among all licensed drivers.

- Death and injury. Almost 40 percent of victims of drowning, burns and falls tested positive for alcohol in 1999. Alcohol is implicated in over one-third of homicides among victims under 21.
- Sexual activity. Drinking is frequently implicated in sexual assault (one study found consumption by 44 percent of perpetrators) and unplanned intercourse.
- Long-term consequences. Beginning to drink before the age of 15 is more likely to lead to dependence in later life.
 - In Ireland, concern for youthful drinking arises both from similar health concerns as

The number of overall alcohol-related offences involving juveniles under 18 almost doubled between 2000 and 2001, a time in which trading hours (open hours) were increased for alcohol outlets.

those in the United States and from a growing number of young people involved in nighttime disturbances, especially in urban areas. For example:

- Dublin Gardaí (police) records indicate that the 21- to-25 age group accounts for 23 percent of alcohol-related arrests between 10 p.m. Saturday and 4 a.m. Sunday, with 16- to 20-year-olds making up another 20 percent, according to a June 2003 *Irish Examiner* article. "Dealing with public order problems as a result of drunkenness is a great burden on police resources," says Dublin's chief superintendent, Al McHugh.
- The number of overall alcohol-related offences involving juveniles under 18 almost doubled between 2000 and 2001, a time in which trading hours (open hours) were increased for alcohol outlets.
- The European School Survey Project on Alcohol and Other Drugs found that 32 percent of Irish 16- year-olds reported three or more occasions of binge drinking a month.

Reducing alcohol-related harm: What paths to pursue?

Prevention strategies under consideration in Ireland and advanced by the NRC/IOM report are multiple and comprehensive. Common among them are:

Influencing adult attitudes.

The NRC/IOM committee is calling for a national media campaign to inform the "many adults, many parents [who] are not aware of the scope of underage drinking," said Joel Grube, PhD, a committee member, at the November 2003 Annual Meeting of the American Public Health Association in

San Francisco. Grube directs the Prevention Research Center in Berkeley, CA.

In Ireland officials are monitoring public opinion and express satisfaction that public surveys are showing support for these strategies promoting moderate drinking. When the Department of Health and Children concluded its *Less Is More* campaign last year, it was criticized by the Irish National Alliance for Action on Alcohol. "The three-year campaign has, we believe, contributed significantly to the surge in public and political consciousness about the level of alcohol-related problems in Ireland," wrote Alliance chairperson, Marion Rackard, arguing for its continuation, in the *Irish Examiner* in November 2003.

Regulating advertising.

Due to constitutional First Amendment concerns, Grube told the APHA meeting, the NRC/IOM committee "opted to go with continuing self-regulations within the alcohol advertising industries, but with a few little changes. First of all, the most likely targeted restrictions or restraint had to be on placement of ads reaching youth audiences. The [alcohol] industry should not place ads where a significant portion of the audience is underage. In the report, we suggest that a 25 percent underage audience level would be a reasonable starting point and that the industry should consider moving down to a 15 percent level. Even though we are talking about self-regulation, the committee felt that it was important for an independent review board to monitor compliance with the industry codes."

A 2001 report for the Irish Department of Health and Children recommended a signifi-



cant reduction in the exposure of children and adolescents to alcohol advertising. Alcohol manufacturers and distributors have issued their own voluntary marketing code and are submitting all proposed advertisements to an industry-sponsored preclearance.

Limiting youth access to sales and service venues.

Greater attention to restricting youth access to alcohol in the United States accounts for 14 NRC/IOM recommendations. One would “require states to achieve designated rates of retailer compliance with youth access prohibitions as a condition of receiving relevant block-grant funding, similar to the Synar Amendment’s requirements for youth tobacco sales.” The Synar Amendment conditions

· state receipt of federal funds on reducing illegal
· tobacco sales to minors.

· The Irish Ministry of Justice has imposed
· a ban on happy hour and has stepped up
· enforcement so that those under 18 years (the
· legal drinking age) are not allowed in drink-
· ing places after 9 p.m. The 2003 Licensing
· Commission report also stresses enforcement,
· including the use of non-uniformed officers in
· pubs, and rigorous prosecution of offenses for
· sales to minors by licensed premises.

Training sellers and servers.

· One of the NRC/IOM recommendations calls
· for completion of the state-certified training
· in order for sellers and servers of alcohol to
· gain employment. The report reiterates that
· training coupled with enforcement can be an

effective strategy for reducing risks associated with alcohol sales and service, such as sales to minors and intoxicated patrons. In 2002, a National Institute on Alcohol Abuse and Alcoholism panel on college drinking concluded the same, as have the National Transportation Safety Administration and the Governors' Highway Safety Administrators.

The Irish Department of Health and Children and an alcohol-industry trade group have joined to create the Responsible Serving of Alcohol training program. A June 2003 media release from the trade group said that "three of the key areas related to the serving of alcohol are underage drinking, intoxicated customers and drunk driving. Within the RSA program, license holders are helped to develop policies and procedures about serving alcohol so as to minimize these and other alcohol-related problems."

Increasing taxation.

After two decades of research, the evidence is in that demand for alcohol, like other commodities, decreases as price increases. And some researchers say that current tax levels in the United States are too low (see *Prevention File*, Vol. 18, No. 3, Summer 2003), prompting a tax recommendation in the NRC/IOM report.

"The most controversial part of the report probably had to do with excise taxes. The

[NRC/IOM] committee recognized that, in fact, alcohol taxes have not kept pace with inflation. The actual price of alcohol is cheaper now than it was 30 or 40 years ago," says Grube. "We therefore recommended that Congress and state

The most controversial part of the report probably had to do with excise taxes. The (NRC/IOM) committee recognized that, in fact, alcohol taxes have not kept pace with inflation. The actual price of alcohol is cheaper now than it was 30 or 40 years ago.

legislature raise excise taxes, first of all to reduce underage drinking because alcohol is price sensitive, and second of all to raise revenue to implement the strategies that are outlined. We felt that it was important that these taxes be indexed to the consumer price index so there doesn't have to be a continuing battle to get these taxes raised as inflation increases."

In Ireland the national government has recently increased taxes on alcopops and spirits. The largest physicians' organization in Ireland has urged the government to increase alcohol taxes even further, according to a November 2003 article in the online *Irish Times*.

Developing organizational strategies.

Creating and sustaining a government entity to lead and coordinate alcohol policy reforms is another common theme between the two countries, since in both countries current responsibilities and resources are distributed among various health, transportation, justice and commerce agencies.

Ireland lacks a cross-government consensus mechanism, like the one it has for controlling illicit drugs, to coordinate the plans, actions and data surveillance that cut across ministerial jurisdictions. That lack, says one government observer, is "the biggest impediment" to achieving prevention outcomes. The 2003 Licensing Commission report calls on the Irish Taoiseach (prime minister) to create a "unit with responsibility for coordination to take an overview and have the authority needed to ensure compliance [with a] national alcohol strategy [that] should contain key and measurable objectives and formal review mechanisms to assess progress and foster accountability for delivering results."

Comparably, the NRC/IOM recommends creation of a "federal interagency coordinating committee on prevention of underage drinking [to be] chaired by the U.S. Department of Health and Human Services." HHS should also host a National Training and Research Center on Underage Drinking (likely building on an existing effort now supported by the U.S. Department of Justice's Office of Juvenile Justice and Delinquency Prevention) and issue an annual report to Congress "summarizing all federal agency activities, progress in reducing underage drinking, and key surveillance data."

Whether these revolutionary steps in Ireland and the United States can stem alcohol problems among youth remains to be seen. Both countries seem to be moving forward with—to borrow again from Dickens—great expectations. □

Continued from inside front cover

Illicit Drug Use by Teens Drops

According to the 2003 *Monitoring the Future* survey, drug use by 8th-, 10th- and 12th-grade students declined by 11 percent over the past two years. The finding translates into 400,000 fewer teen drug users over two years.

This is good news for President George W. Bush's National Drug Control Strategy issued in February 2002, which called for reductions

in youth drug use by 10 percent in two years and 25 percent in five years. Current use (past 30 days) of any illicit drug between 2001 and 2003 among students declined 11 percent, from 19.4 percent to 17.3 percent. Similar declines were seen for past-year use (11 percent, from 31.8 percent to 28.3 percent) and lifetime use (9 percent, from 41.0 percent to 37.4 percent).

In addition, lifetime and current use of cigarettes declined among 8th-, 10th-, and 12th-graders between 2001 and 2003. Lifetime alcohol use by all three grades also declined over the past two years, suggesting that teens do not trade one intoxicating substance for another.

"*Monitoring the Future* has been tracking substance use and related attitudes among American teenagers for nearly 30 years," said Lloyd Johnston, PhD, the study's lead researcher. "Because its methods have been scientifically rigorous and intentionally held constant across time, its results have proven to be quite accurate and reliable."

More information on *Monitoring the Future* can be found at www.whitehousedrugpolicy.gov.

The Culprit in Norway? Alcopops

Young people between 15 and 20 years old in Norway drink on average 5.5 liters of pure alcohol per person, according to the national research insti-

tute SIRUS. That is a 27 percent increase from 2002 and the highest figure since the survey started in 1986. Much of the rise is due to increased consumption of alcopops, which rose from 0.4 liter to 1.4 liters.

Alcopops seems to come in addition to and not as a substitute for other types of alcohol. The survey was made between two and three months after the introduction of alcopops in grocery stores and might be biased to the "halo effect" of a new product in the marketplace. The increase from 2001 is 7 percent and more in line with a gradual increase in youth drinking in Norway the past five years.

Norway started to sell alcopops in the grocery

stores Jan. 1, 2003, due to a European Free Trade Association court decision, which stated that Norway either had to sell all alcohol below 4.76 percent in the grocery stores or move the sales of beer into the monopoly stores. In addition Norway lowered the excise duty on spirits by 15 percent in 2002 and 10 percent in 2003. Excise duty on wine and beer was lowered by 5 percent in 2002.



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Ten Years Ago in *Prevention File* (Vol. 9, No. 1, Winter 1994)

MASS MEDIA AND DRUG USE: GIVING US FAST RELIEF

DOES THE MARKETING AND ADVERTISING of over-the-counter pain relievers contribute to drug problems in America? Critics maintain that advertising engenders a “fast relief” mentality in American society. Such criticism is not new.

In 1876 the attorneys general of 14 states petitioned the Federal Communications Commission to prohibit televised drug advertising before 9 p.m. in order to reduce children’s exposure to the depiction of people replacing pain with pleasure after swallowing a chemical.

Over-the-counter medications have been publicly advertised for more than a century, and the concept of self-medication is deeply embedded in the average American.

According to the Department of Commerce, the demand for do-it-yourself medication will grow as more prescription products become available for purchase over the counter and the population becomes better informed in self-diagnosis and self-treatment.

Pills and potions available on the shelves at the drugstore or supermarket have replaced many of the herbs and other “traditional” cures that were popular before World War II.

Televisions and other mass media channels are also basic features of American society that permeate our lives every day, virtually every moment, at the mere touch of a button. And for children—who watch a disproportionate amount of television—the mass media have become a primary source of information.

Direct-to-consumer advertising has been the

trend for disseminating information regarding over-the-counter drugs. Clifford Lober, MD, at the University of South Florida, says the results of such ads are “to take our already overmedicated society and increase company sales and profits by selling yet more drugs” (*Dermatology Clinics*, Vol. 11, No. 2, 1993).

Some critics of pharmaceutical marketing

contend that, because of a complex of factors, mass media are potential contributors to an increase in drug use, especially by young people, who tend to be more sensation-oriented and vulnerable to the impact of advertising. □

Editor’s note: Direct-to-consumer advertising of both over-the-counter and prescription drugs has increased steadily over the past decade. There is ongoing debate on the value of prescription drug advertising directed at consumers, including television advertising. Pharmaceutical companies, which now spend \$2.5 billion on such advertising, contend that the messages inform patients and improve health care.

